

**CHILDHOOD LEAD SCREENING LABORATORY
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
305 SOUTH STREET, BOSTON, MA 02130-3597 TEL. 617-983-6665**

DATE SAMPLE TAKEN

CHILD'S LAST NAME		FIRST NAME		INITIAL	DATE OF BIRTH (MM/DD/YY)		SEX	
STREET ADDRESS		APT. #	CITY OR TOWN			STATE	ZIP CODE	
LAST NAME OF PARENT OR GUARDIAN			FIRST NAME			TELEPHONE ()		
I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO LABORATORY. SIGNATURE: _____								
<input type="checkbox"/> BOSTON HEALTH NET:		<input type="checkbox"/> NETWORK HEALTH:		INSURANCE MAILING ADDRESS: INSURANCE CERTIFICATE NUMBER: INSURANCE GROUP NUMBER:				
<input type="checkbox"/> BLUE CROSS:		<input type="checkbox"/> TUFTS:						
<input type="checkbox"/> NEIGHBORHOOD HEALTH PLAN:		<input type="checkbox"/> OTHER HMO: _____						
<input type="checkbox"/> HARVARD PILGRIM HEALTH PLAN:								
<input type="checkbox"/> OTHER INSURANCE: _____								
SUBSCRIBER NAME:				RELATIONSHIP TO SUBSCRIBER:				
SUBSCRIBER ADDRESS IF DIFFERENT FROM CHILD:				APT#	CITY OR TOWN	STATE	ZIP CODE	
MASS HEALTH (MEDICAID) REQUIRED INFORMATION		CARDHOLDER NUMBER				RECIPIENT IDENTIFICATION		SEQ. #
		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
AGENCY NAME		PHYSICIAN NAME						
PATIENT I.D. NUMBER		PROVIDER NUMBER						
COMMENTS				SEE BACK OF FORM FOR CODES				
				RACE CODE <input type="checkbox"/> ANCESTRY CODE <input type="checkbox"/>				

TAPE SAMPLE HERE

**RACE CODES
(ENTER ON FRONT OF FORM)**

1. BLACK
2. HISPANIC
3. WHITE
4. ASIAN - PACIFIC ISLANDER
5. AMERICAN INDIAN - ALASKAN NATIVE
6. OTHER
7. UNKNOWN

**ANCESTRY CODES
(ENTER ON FRONT OF FORM)**

- | | | |
|--|--|--|
| <ol style="list-style-type: none">1. PUERTO RICAN2. DOMINICAN3. CENTRAL AMERICAN4. OTHER HISPANIC - MEXICAN, CUBAN SOUTH AMERICAN5. BRAZILIAN6. CAPE VERDEAN7. OTHER PORTUGUESE8.. CHINESE9. WEST INDIAN | <ol style="list-style-type: none">10. CAMBODIAN11. VIETNAMESE12. LAOTIAN13. OTHER ASIAN - PACIFIC ISLANDER INDIAN14. PAKISTANI - ASIAN15. EUROPEAN16. AFRICAN17. NORTH AMERICAN18. OTHER19. UNKNOWN | |
|--|--|--|

PLEASE READ THIS CAREFULLY

Massachusetts has a mandatory universal screening requirement for lead poisoning. All children shall be screened for lead poisoning once between the ages of nine and 12 months, and again at ages two and three years. In addition, children who live in one of the cities and towns at high risk for childhood lead poisoning, as determined by the State Program and distributed to clinicians and the public, shall be screened until age four. Other four year olds may be screened at the discretion of their healthcare provider.

Screening of Children at High Risk for Lead Poisoning

Children shall be screened for lead poisoning more than once a year when they meet one of the high-risk criteria below, or whenever in the sound judgment of the health care provider they are at high risk of lead poisoning:

- Living in a pre-1978 home with deteriorated paint or plaster, unless it has been inspected by a lead inspector and found not to contain lead-based paint: At least every six months between the ages of six months and three years, and again at ages four and five.
- Having siblings or playmates who are lead poisoned: At least every six months between the ages of six months and three years, and again at ages four and five.
- Living in a pre-1978 home undergoing renovation, unless it has been inspected by a lead inspector and found not to contain lead-based paint or plaster: Within four weeks of the start of the renovation project, once a month thereafter its duration, and once after its completion.

I have read and/ or have had explained the information on this form about lead poisoning.

SIGNATURE: _____

DATE: _____

FORM CLSL1 (09/03)